

Toward the integration of different sensors in the operating room using medical image registration techniques

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Objectives and Motivation

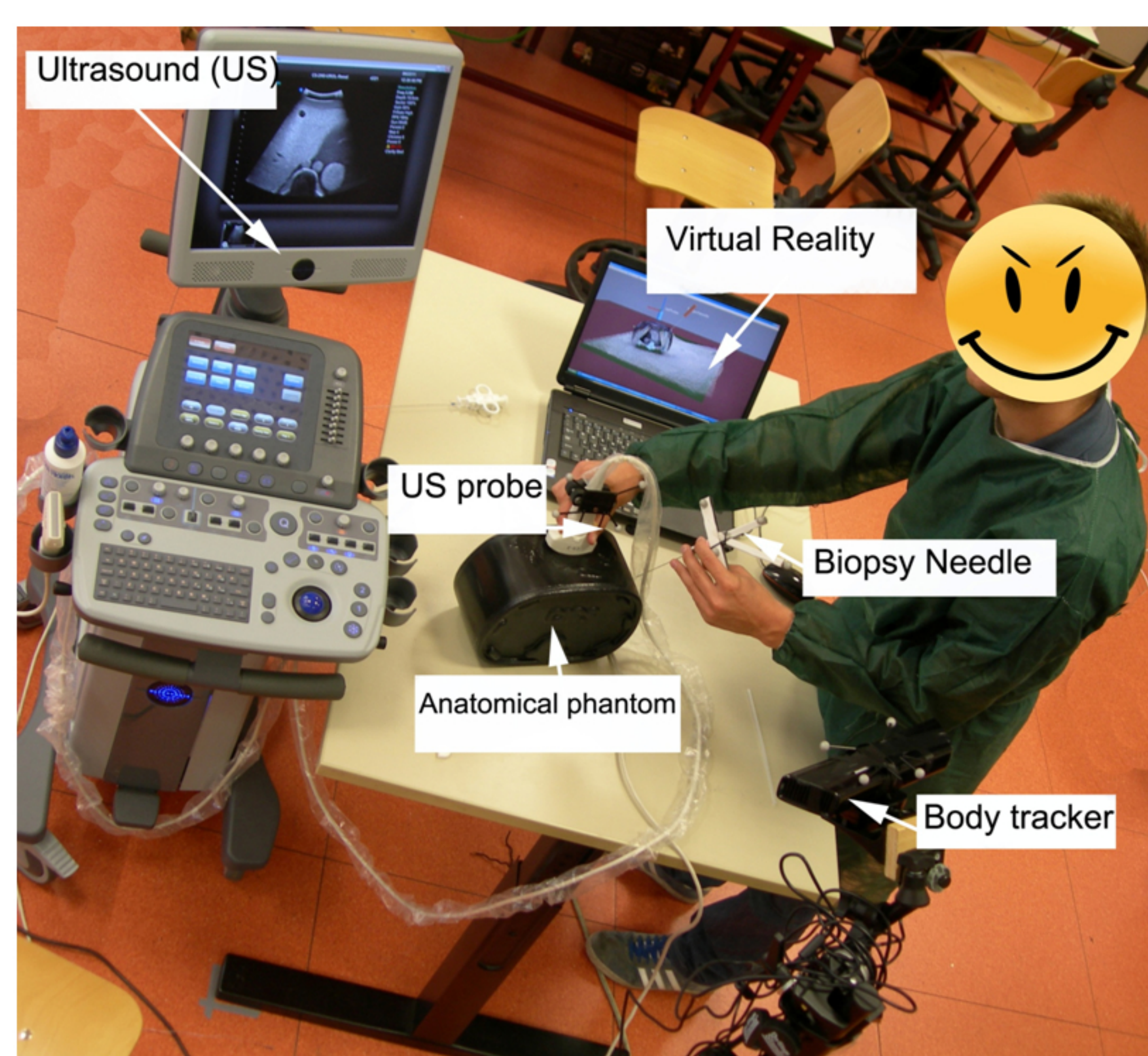
-implementation of a navigation system for minimally invasive surgery (MIS) or for needle guidance [4].

-MIS is a procedure that involves the use of laparoscopic devices and remote-control manipulation of instruments with indirect observation of the surgical field

-both MIS and needle insertion procedures make intense use of images, since the physician has no open access to the internal anatomy

-advance navigation system could increase the safety of the procedure and could spread the application cases.

-by using medical image registration we can integrate informations from different sources



Currently available systems

[1] percutaneous abdominal Intervention

- optical tracking
- breathing compensation
- fiducial insertion (invasive)
- rigid registration

[2] abdominal procedures

- initial rigid registration
- intra-operative deformations compensated by mathematical models
- deformation field generated by a surface Laplacian equation

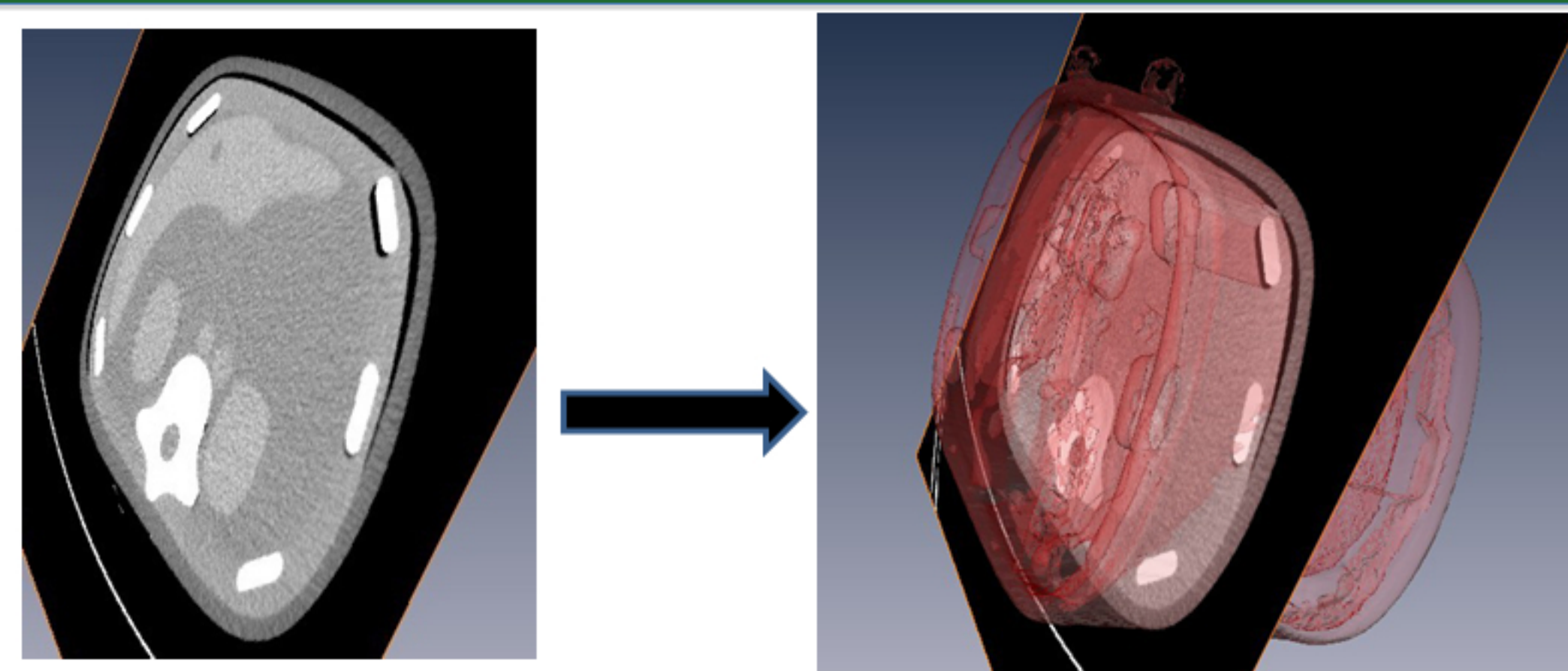
[3] open liver assisted surgery

- landmark acquisition
- rigid registration
- optical tracking

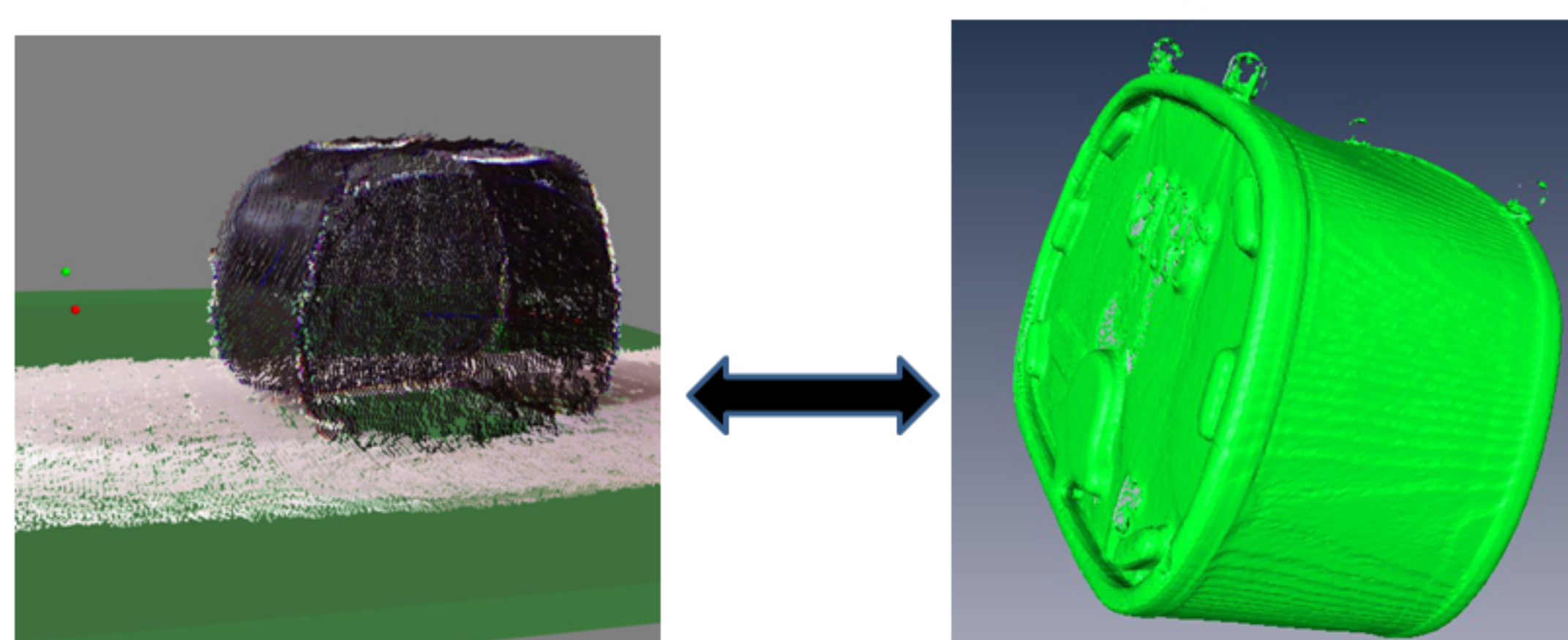
Method

Pre-operative phase:

- CT (MRI) image acquisition
 - image processing (segmentation, filtering)
 - 3D organ reconstruction, model extraction
 - landmark identification
 - target identification



- RGBD image acquisition (body surface+ texture)

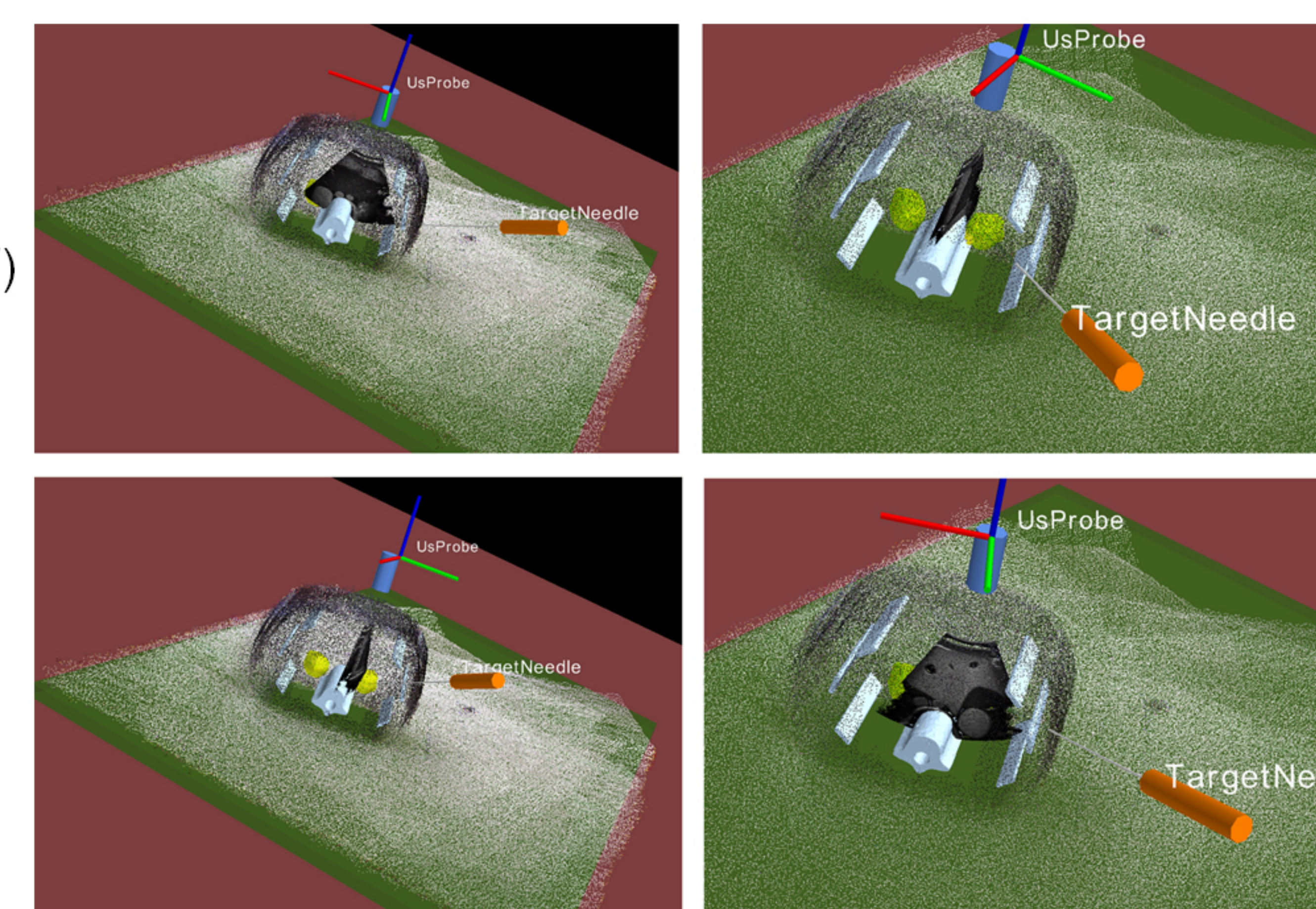


- Initial registration: landmark based and surface based, rigid or affine to handle shearing and/or some scaling

Intra-operative phase

- Ultrasound (US) 2D image acquisition with optical tracked probe =>
 - 3D US image reconstruction (Stradwin SW)
 - landmark identification
 - organ segmentation
- tracked RGBD surface acquisition
 - landmark identification
- Intra-operative registration
 - landmark based (initial)
 - intensity based
 - rigid (initial)
 - non-rigid

Navigation



Discussion

- new navigation system that uses more sources of information
- new type of images will be generated and integrated
- extraction and identification of features for the rigid and non-rigid correspondences
- tracking of the body (organ) position and orientation + computation of the deformation => mapping of the surgical instruments in the real scenario
- use of phantom model for validation
- Future works: in-vivo, ex-vivo tests, new non-rigid registration algorithms implementation

References

- [1] 'In vivo accuracy assessment of a needle-based navigation system for CT-guided radiofrequency ablation of the liver', L.Meier-Hein et al., in *Med Phys*, 2008.
- [2] 'Model-updated image-guided liver surgery: Preliminary results using surface characterization', P.Dumpuri et al., in *Progress in Biophysics and Molecular Biology*, 2010
- [3] 'A navigation system for open liver surgery: design, workflow and first Clinical applications', M.Peterhans et al., in *International Journal of Medical Robotics*, 2010
- [4] 'Multimodal 3D Data Fusion and Reconstruction for Needle Insertion Guidance in Cryoablation Procedures' B. Maris et al., *IROS 2011*, San Francisco, California
- [5] 'Multimodal data fusion and registration for needle guidance in percutaneous procedures' B. Maris, D. Dall'Alba, P. Fiorini, *CARS 2012*, June 27-30 (to be presented)
- [6] 'Marker based accuracy analysis of RGB-D sensor for image guided applications' D. Dall'Alba, B. Maris, C. Reghelin, P. Fiorini, *CARS 2012*, June 27-30 (to be presented)